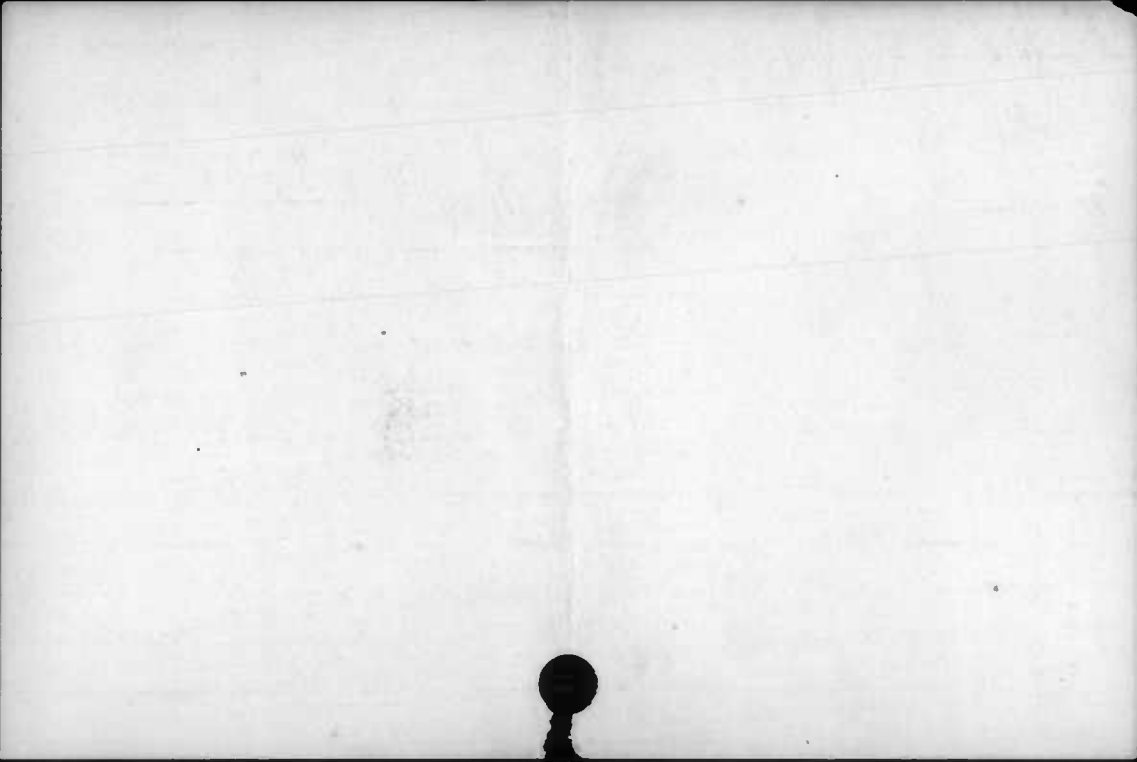


Name in Full Rebecca Andrews.		CERTIFICATE OF DEATH	
Died at Federalsburg ^{Town}		Caroline ^{County}	
Date of death 1900 Apr. 30		Age 88 ^{Years}	
Sex Female		Color or Race White.	
Occupation House-work.		Where Residing if not at place of death	
Married, Single or Widowed Widowed.		Name of Wife or Husband Richard Andrews. dec'd.	
Father's Name Unknown - Camper -		Father's Birthplace Unknown.	
Mother's Maiden Name "		Mother's Birthplace "	
Name of person giving information Laura Andrews.		How related to deceased Daughter.	
		<div>CAUSES OF DEATH</div> <div>78</div>	
Primary Senile Debility.		How long 1 year.	
Immediate Endocarditis & dissection of aorta		How long 2 weeks.	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician B. F. Gubney	
		Address Federalsburg, Md.	
Accident or Suicide? —			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Horace Armstrong
Town County

MARYLAND

Died at *Ridgely* *Caroline*

Date of death 190 *Apr* *9* Age *1* Months *10* Days *29*

Sex *Male* Color or Race *Caucasian* Birth-place *Ridgely*

Occupation *none* Where Residing if not at place of death *Ridgely*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Ernest Armstrong* Father's Birthplace *Caroline Co*

Mother's Maiden Name *Julia Wilkinson* Mother's Birthplace *Caroline Co*

Name of person giving Information *Ernest Armstrong* How related to deceased *Father*

CAUSES OF DEATH

Primary *Malaria* *189* How long *22 m or*

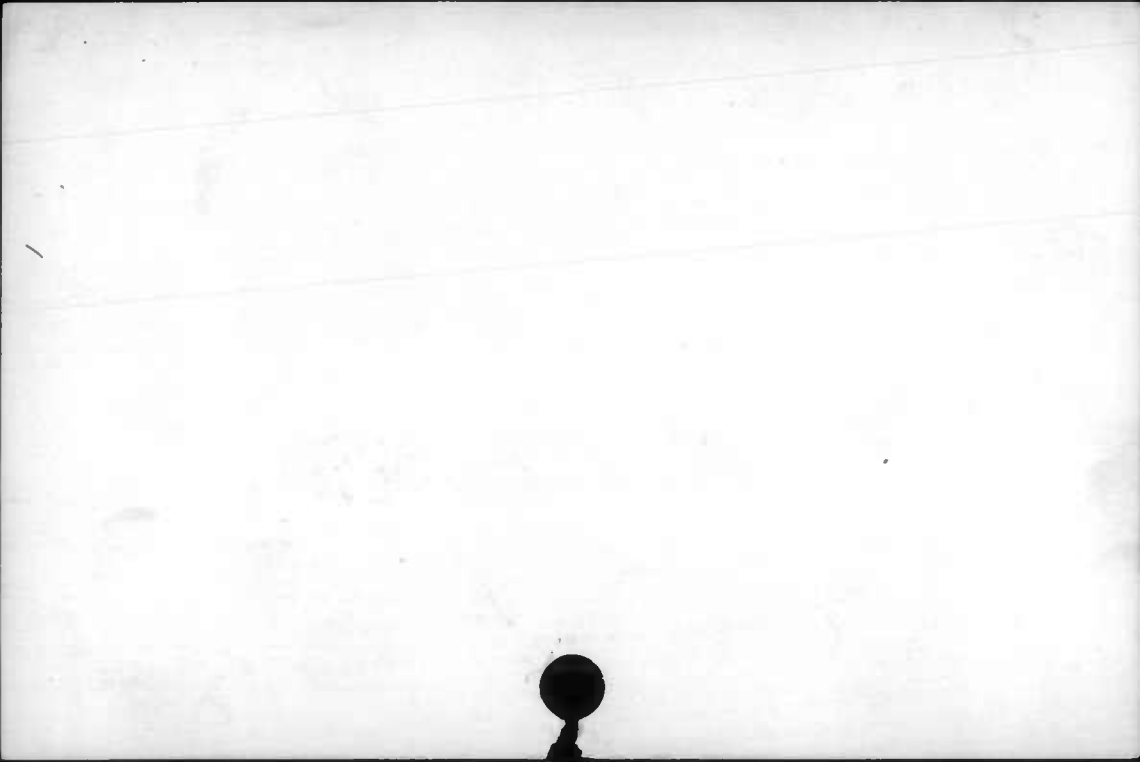
Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *D. A. Moore, M. D.*

Address *Ridgely*
Msrd.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Addie Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

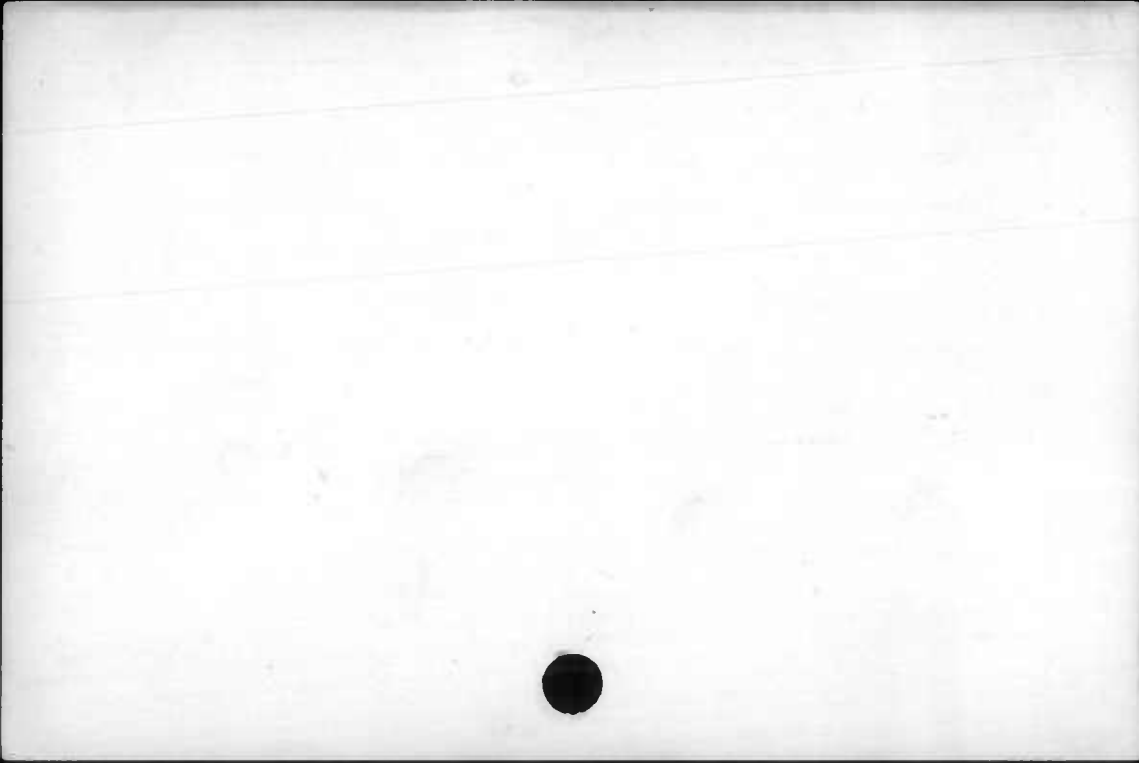
Died at <i>near Greensboro</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1960</i>	Month <i>4</i>	Day <i>3</i>	Age <i>15</i>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Charles H Clark</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Ida Smith</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Charles H Clark</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Two years</i>
Immediate	How long
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>W. W. F. S. S. S. S.</i>
	Address <i>Greensboro, Ind.</i>
Accident or Suicide	



Name
in
Full

Martha A Davis

CERTIFICATE OF DEATH

Died at Denton

County

Caroline

MARYLAND

Date

of death

1911

Month

April

Day

30

Age

62

Years

Months

7

Days

Sex

Female

Color or
Race

white

Birth-
place

Del

Occupation

Farmer. wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Father's
Name

J William H Robinson

Father's
Birthplace

Del

Mother's
Maiden Name

Laura A Hurst

Mother's
Birthplace

Del

Name of person giving
Information

Maggie C Wright

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Acute

Immediate

Same

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

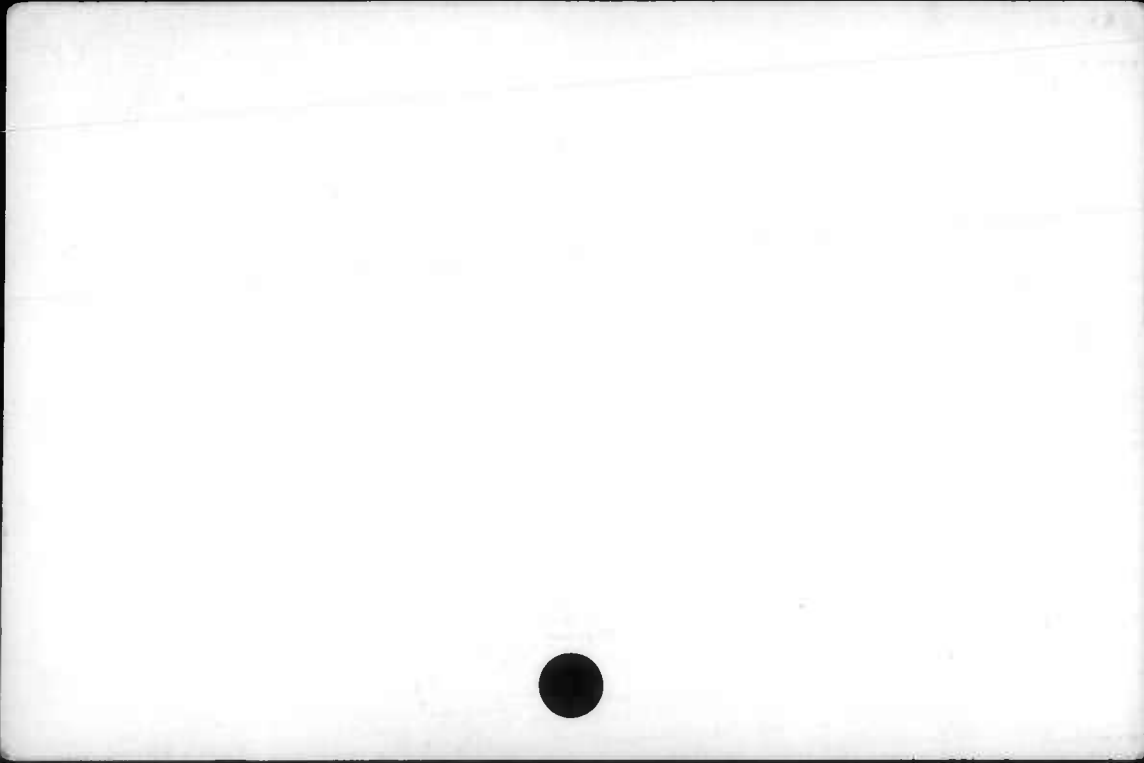
Address

Carroll County
Denton
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elmer H. Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Senton Town Caroline County
Date of death 1980 Month 4 Day 25 Age 30 Months - Days -
Sex Male Color or Race White Birth-place Ind
Occupation Attorney at law Where Residing if not at place of death Same
Married, Single or Widowed Married Name of Wife or Husband Eutruide Brown
Father's Name H. H. Dean Father's Birthplace Ind
Mother's Miden Name Bessie Hall Mother's Birthplace Ind
Name of person giving Information H. H. Dean How related to deceased Father

CAUSES OF DEATH

Primary Heart Disease How long Immediate
Immediate Same How long -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

P. R. Fisher

Senton

Accident or Suicide

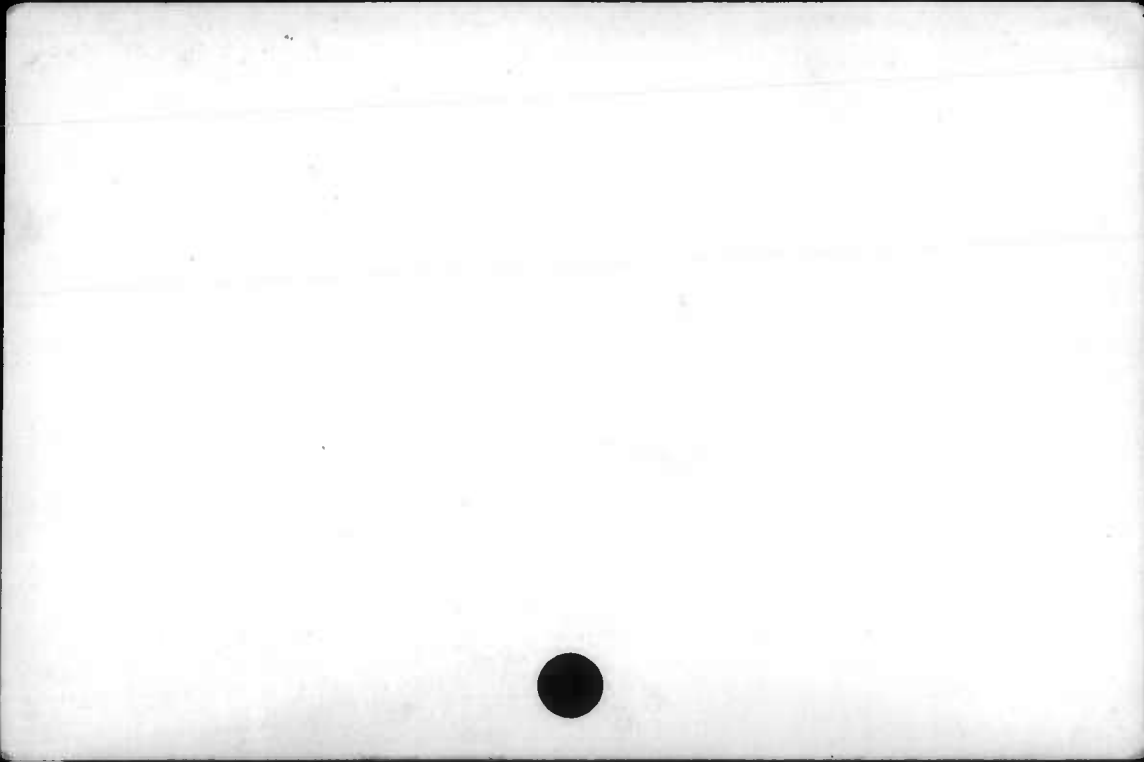
No

Ind

PHYSICIAN
OR CORONER

79

✓



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name *Amie M. Emerson* Town *Duxton* County *Dorchester*

Died at *Duxton* Date of death *1900* Month *4* Day *16* Age *78* Years *3* Months *3* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *Robt. Emerson*

Father's Name *Geo. Fisher* Father's Birthplace *Ind*

Mother's Maiden Name *Mary Jones* Mother's Birthplace *Ind*

Name of person giving Information *P.R. Fisher* How related to deceased *Sister*

CAUSES OF DEATH

Primary *Bright's Disease* How long *3 months*

Immediate *Same*

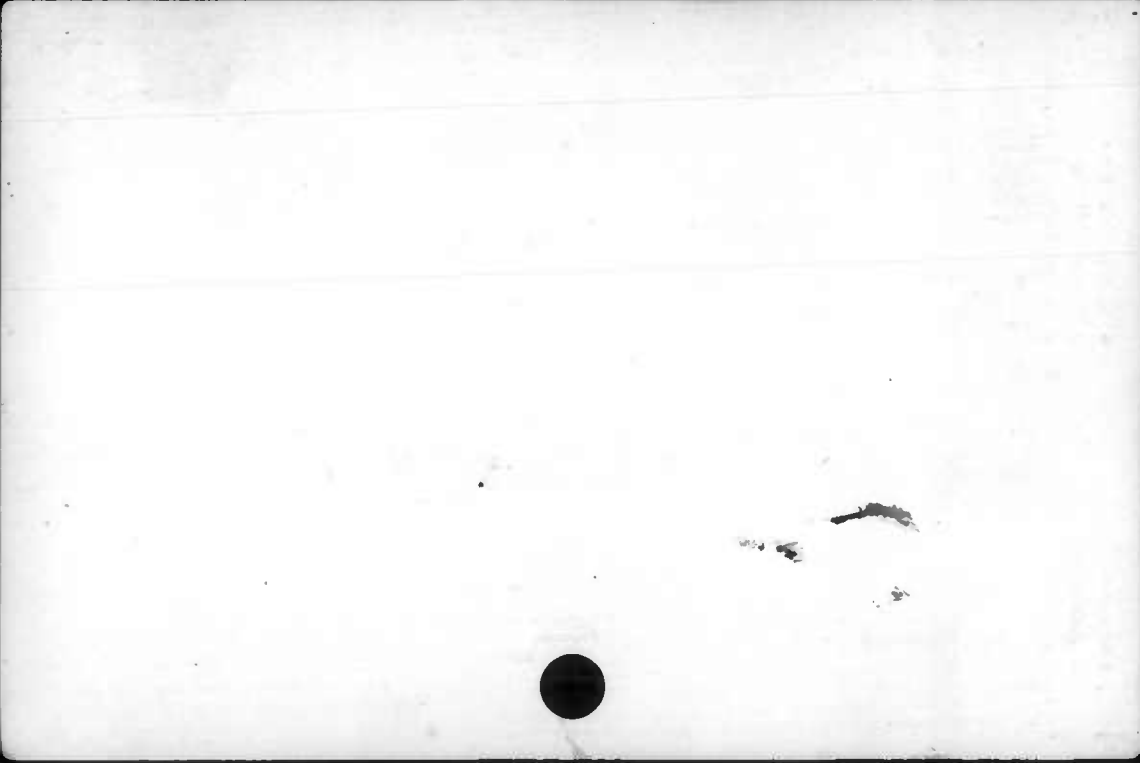
Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *P.R. Fisher*

Address *Duxton Ind*

Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Margaret L Gibson

CERTIFICATE OF DEATH

Town

Denton

County

Casalind

MARYLAND

Died at

Date

of death 1980

Month

April

Day

14

Age

Years

75

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Father's
Name

Jacob Berry

Father's
Birthplace

md

Mother's
Maiden Name

Elizabeth Roberson

Mother's
Birthplace

md

Name of person giving
Information

Montgomery Gibson

How related
to deceased

husband

CAUSES OF DEATH

Primary

Bright's disease

How long

120

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

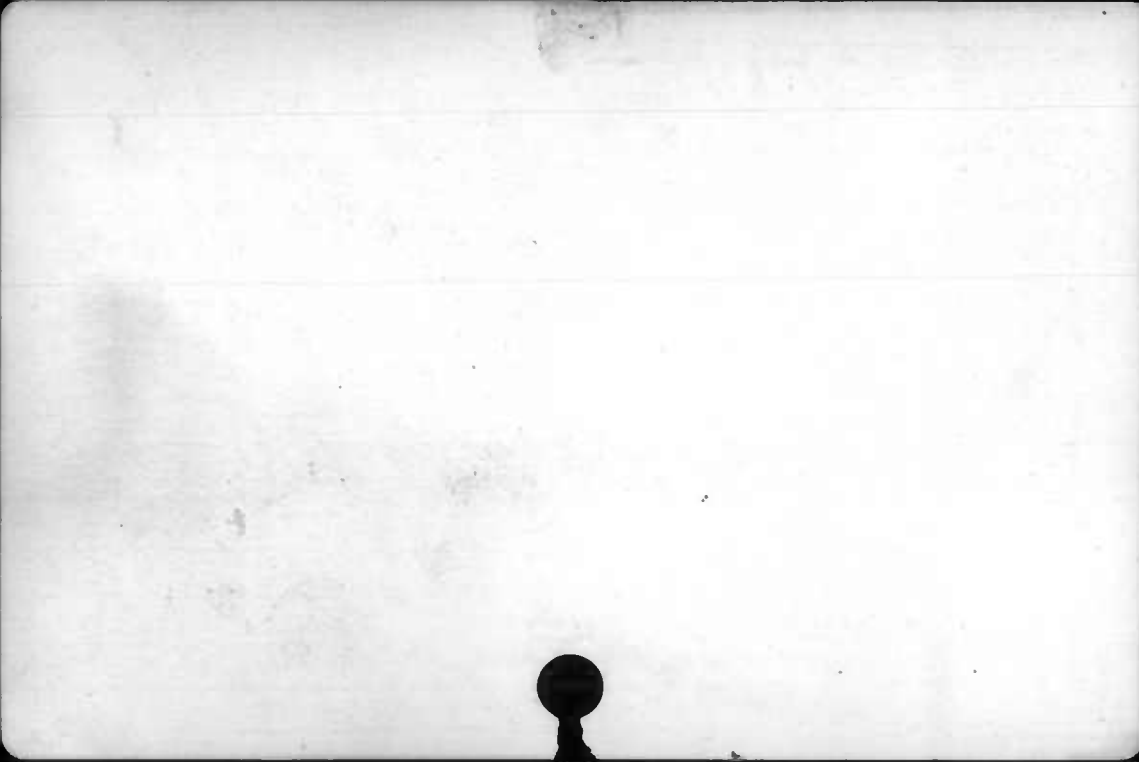
Dr. George M.D.
Denton
Md.

Accident or Suicide

OFFICE SUPPLY CO. 2364

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Henry Greene.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

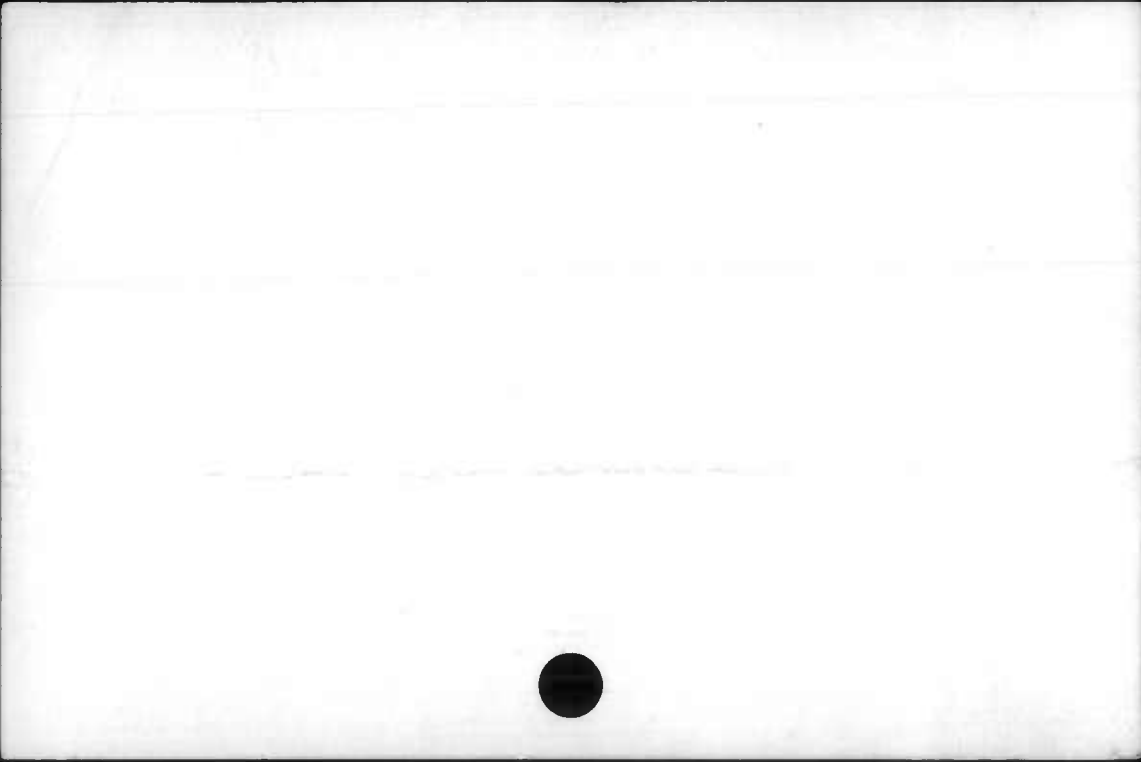
Died at <i>Goldston</i>		Town		<i>Caroline</i>		County		MARYLAND	
Date of death <i>190</i>		Month <i>Apr.</i>		Day <i>6</i>		Age <i>43</i>		Years	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months		Days	
Occupation <i>Laborer</i>		Where Residing if not at place of death							
Married, Single, Widowed <i>Unmarried</i>		Name of Wife or Husband <i>George Ann. Greene</i>							
Father's Name <i>Mathen Greene</i>		Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Francis, Brown</i>		Mother's Birthplace <i>Maryland</i>							
Name of person giving Information <i>John W. Matthews</i>		How related to deceased <i>Brother-in-law</i>							

CAUSES OF DEATH

98

PHYSICIAN
OR CORONER

Primary <i>Chronic Pleurisy.</i>		How long <i>4 mo.</i>	
Immediate <i>Ext. pneumonia</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Flora</i>	
Address <i>Goldston md</i>			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

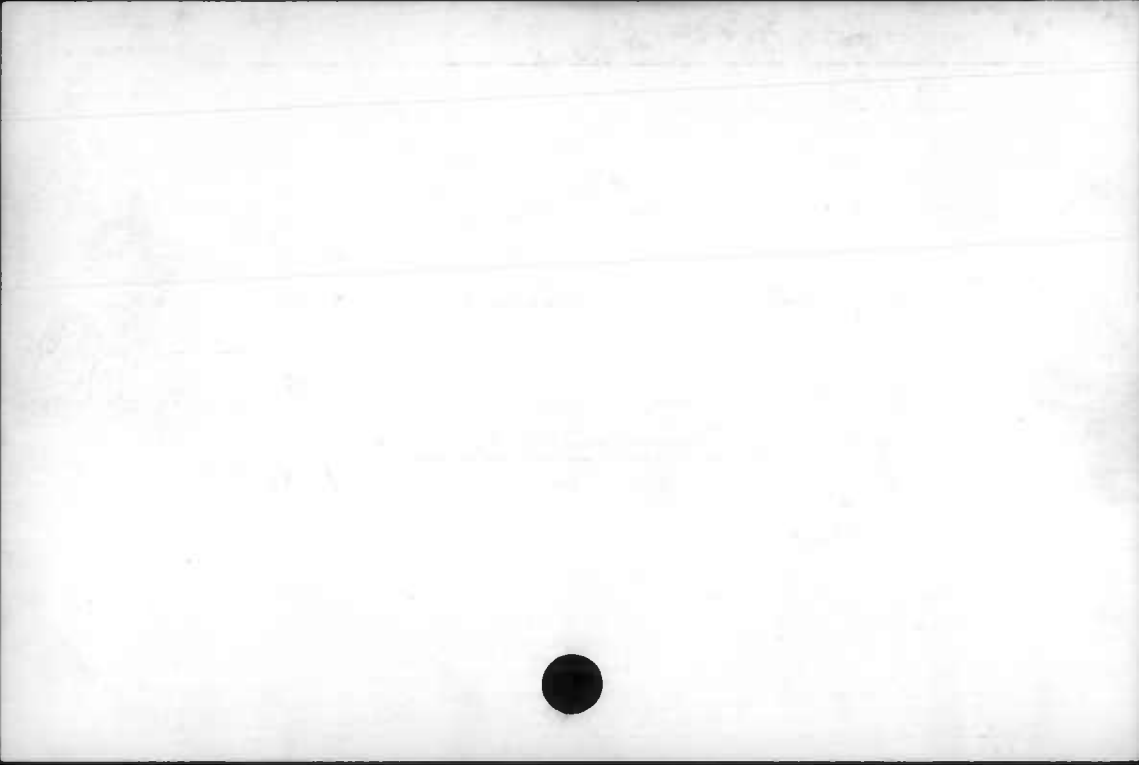
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>7</i>	Age <i>74</i>	Years	Months <i>2</i>	Days
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Adeline Freeman</i>					
Father's Name <i>Jacob Hines</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Annul Corney</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Mortha Freeman</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Interstitia Nephritis</i>	<i>120</i> How long	<i>12 years</i>
Immediate	<i>Coma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. S. Stone M.D.</i>	
		Address <i>Ridgely Md.</i>	
Accident or Suicide <i>No.</i>			



Name
in
Full

Thomas Henry Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greensboro</i>		County <i>Caroline</i>		MARYLAND		
Date of death	19 <i>00</i>	Month <i>Apr</i>	Day <i>29</i>	Age <i>76</i>	Months <i>2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hobbs, Md.</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Greensboro,</i>					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah Elizabeth Porter</i>					
Father's Name <i>Peter Hobbs</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Curry</i>	Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mrs. Geo. Nichols</i>	How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *Senile debility*

How long

Immediate

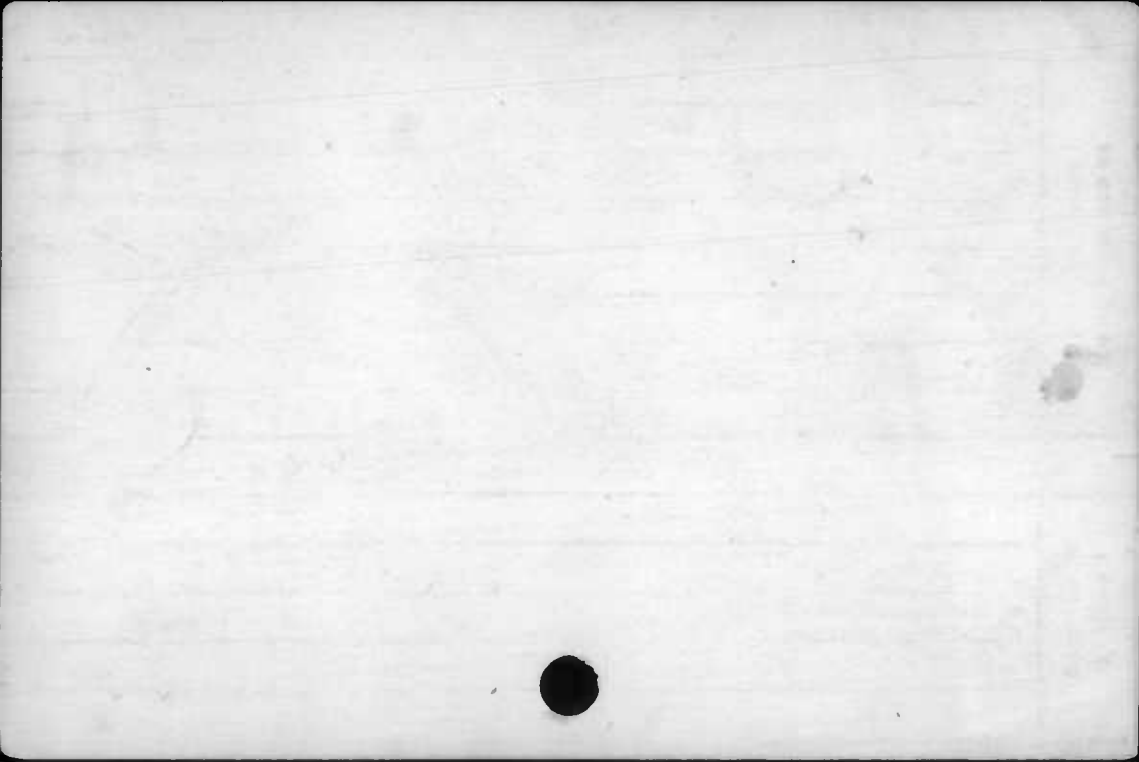
How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Greensboro</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	19 <i>80</i>	Month <i>Apr</i>	Day <i>18</i>	Age <i>80</i>	Months <i>7</i> Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Greensboro</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Mary Harrington</i>				
Father's Name <i>Samuel Hughes</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Elizabeth Reed</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving information <i>Elizabeth Hughes</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

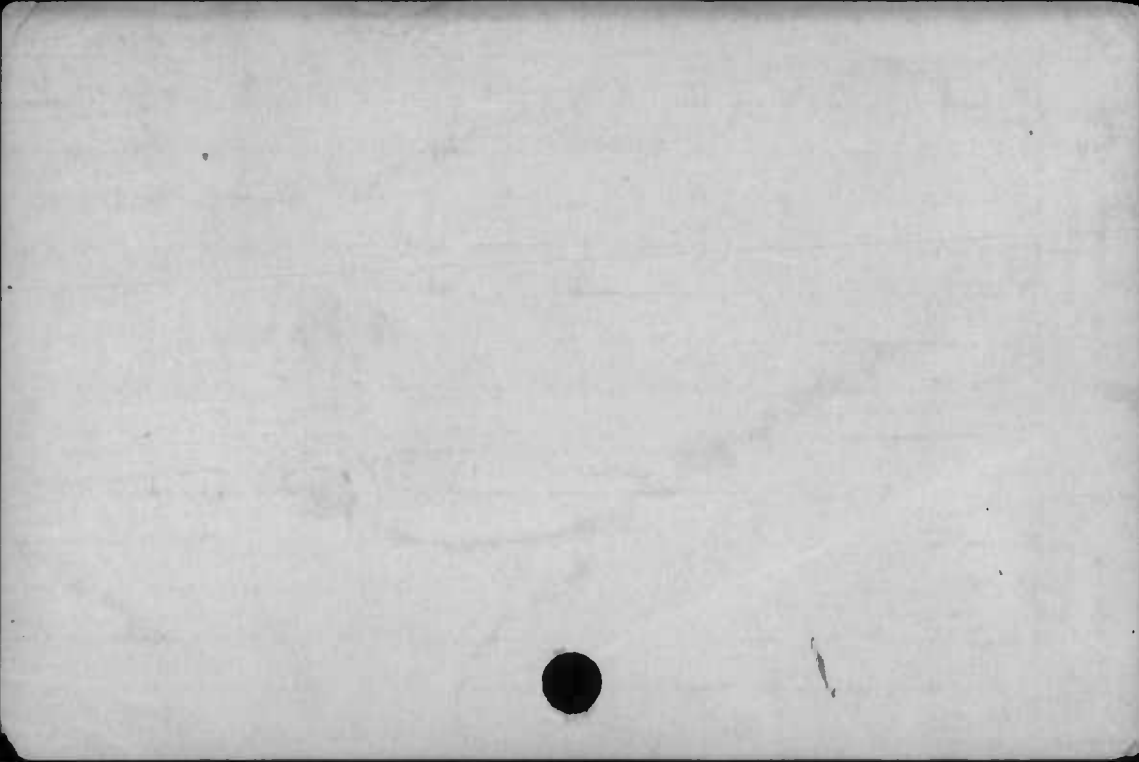
PHYSICIAN
OR CORONERPrimary *Senile debility*Immediate *--*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. J. O'Connell*Address *Greensboro, Md.*

Accident or Suicide?

154

How long

How long



Name
in
Full

CERTIFICATE OF DEATH

Ella Jackson

Caroline

MARYLAND

Died at ^{Town} Near ^{County} Preston

Date

of death

1900

Month

April

Day

30

Age

Years

19

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Bethesda Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Luther Friend

Father's
Name

Alex Jackson

Father's
Birthplace

Lynch Md.

Mother's
Name

Martha Webb

Mother's
Birthplace

Near Preston Md

Name of person giving
Information

Alex Jackson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Six months

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

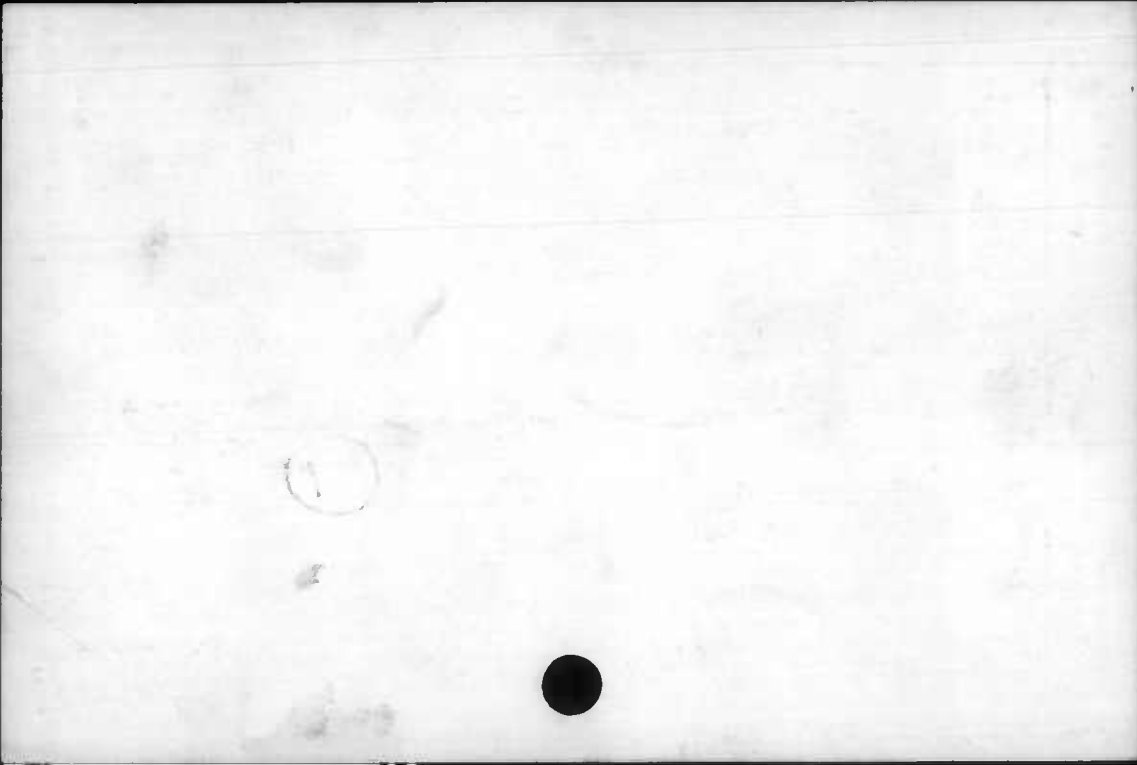
Signature of
Physician

Address

J. L. Noble
Preston
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lucretia Jackson -

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Piedmont

Caroline

Date

of death 1900

Month

April

Day

6

Age

15

Years

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Caroline Co.

Occupation

Cook

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Wm. A. Jackson

Father's
Birthplace

Caroline Co.

Mother's
Maiden Name

Mary Ellen Hines

Mother's
Birthplace

Caroline Co.

Name of person giving
Information

Wm. A. Jackson

How related
to deceased

Father

CAUSES OF DEATH

28 ✓

Primary

Phthisis Pulmon.

How long

6 wks.

Immediate

Pneumonia from Chole B. B.

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

Yes

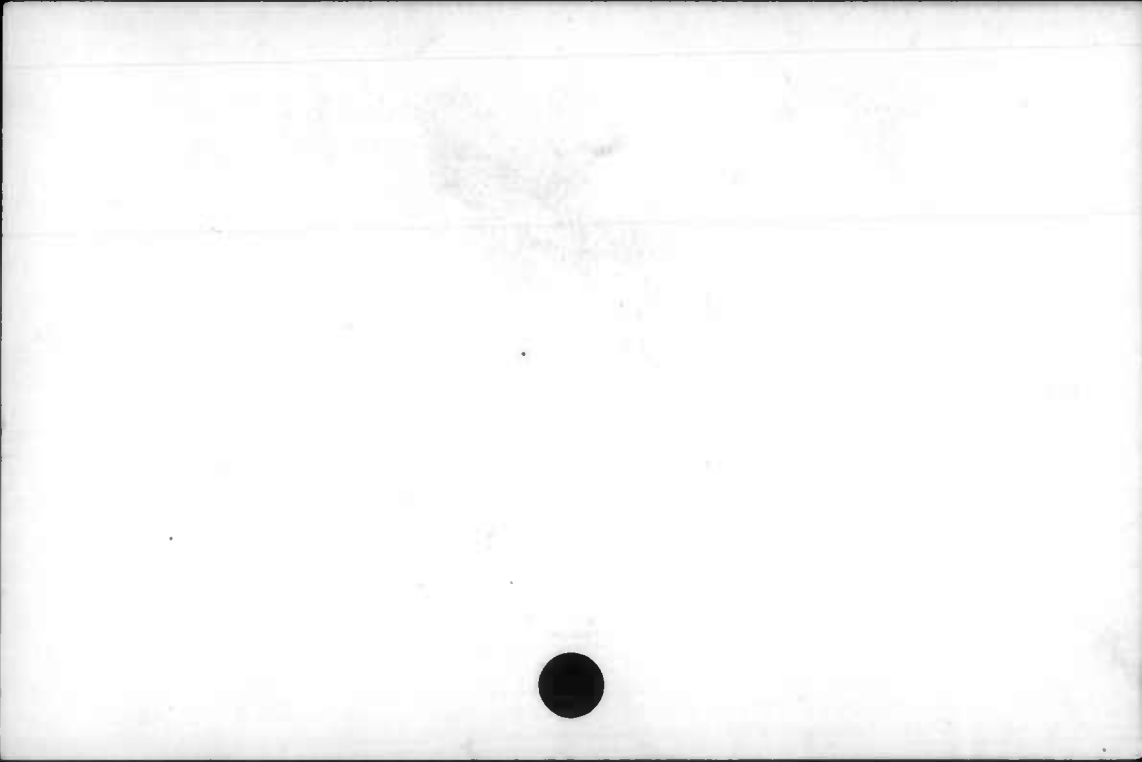
Signature of
Physician

Address

J. B. Maalman
Bismarck, N.D.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary McGee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Preston

Town

County

Caroline

MARYLAND

Date

of death 1980

Month

April

Day

24

Years

Age

about 57

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

illed

Occupation

Housewife

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Sam McGee

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Sam Webb

How related
to deceased

Sam in law

CAUSES OF DEATH

Primary

Strangulated Hernia

How long

Probably 5 days

Immediate

Auto Intoxication

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Raymond Dawner
Preston

PHYSICIAN
OR CORONER

Accident or Suicide

877



Name
in
Full

Robert M. Muller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ingleside</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death 19 <i>80</i>		Month <i>4</i>		Day <i>27</i>		Age <i>89</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>		Months <i>8</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie M. Muller</i>					
Father's Name <i>Samuel M. Muller</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Mary Sugg</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>Annie M. Muller</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

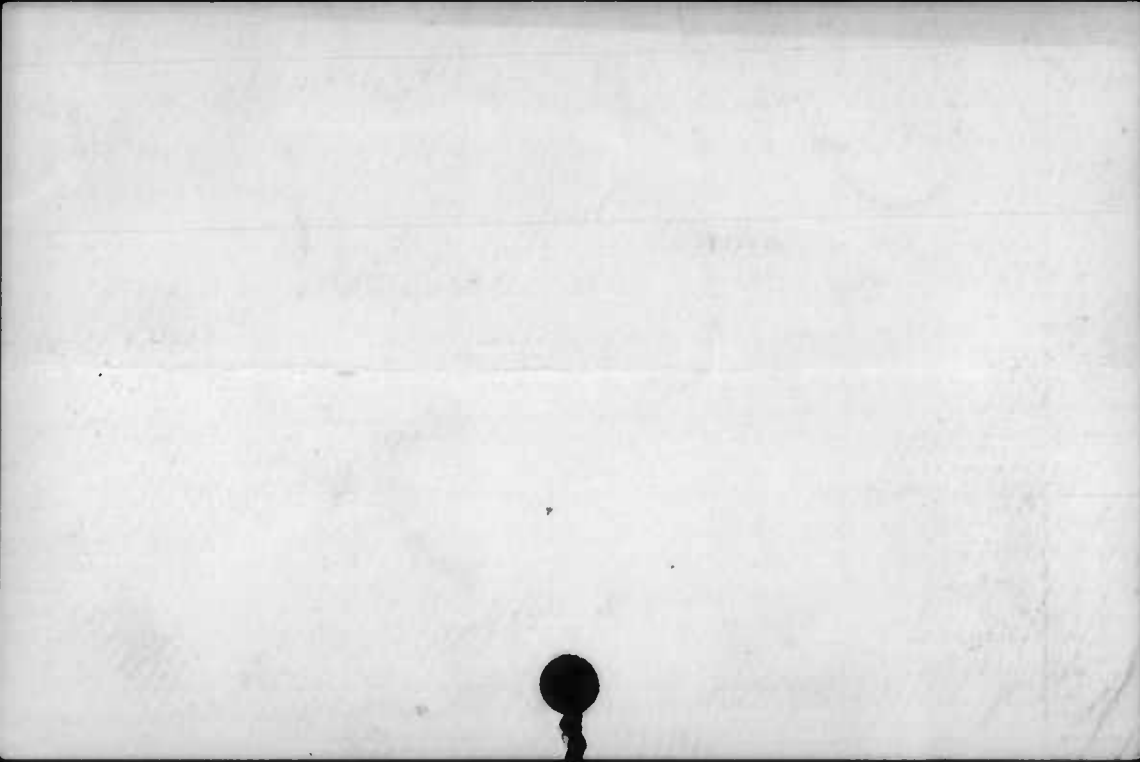
189

How long

How long

PHYSICIAN
OR CORONER

Primary			
Immediate <i>Heart-failure</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. P. Smith, M. D.</i>	
		Address <i>Templeville Md.</i>	
Accident or Suicide?			



Name
in
Full

Mary J. Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died *near* *Greenboro* *Carver* **MARYLAND**

Town County

Date of death 19*10* *April* *30* Age *45* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Md.*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Orlando Mathews*

Father's Name *Born Lockman* Father's Birthplace *Md.*

Mother's Maiden Name *Nancy Dvoros* Mother's Birthplace *Md.*

Name of person giving Information *Orlando Mathews* How related to deceased *Husband*

CAUSES OF DEATH

42 ✓

PHYSICIAN
OR CORONER

Primary *Cancer of ovary -* How long *2 years -*

Immediate *Leptosis -* How long *4 weeks -*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. P. Mathews*

Address *Greenboro*

W. D.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Mabel Newcomb

Town

County

MARYLAND

Died at near Preston Caroline

Date of death 1900 Month Apr Day 21 Age 18 Months 11 Days 1

Sex Female Color or Race Black Birth-place Caroline Co Md

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Saul G. Newcomb Father's Birthplace Caroline Co Md

Mother's Maiden Name Maggie Hubbard Mother's Birthplace Caroline Co Md

Name of person giving Information Joseph Hubbard How related to deceased Second Cousin

CAUSES OF DEATH

28

Primary Pulmonary Tuberculosis How long 6 years

Immediate Hemorrhages How long 12 hours

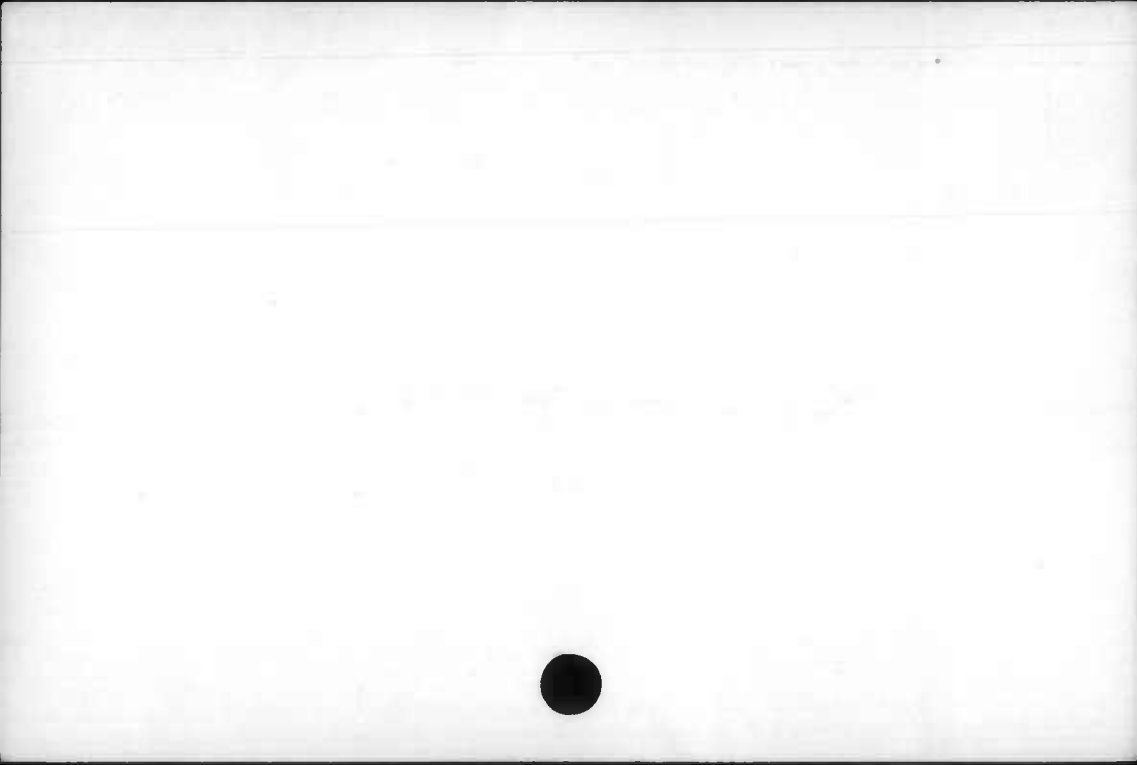
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J L Noble

Address Preston Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

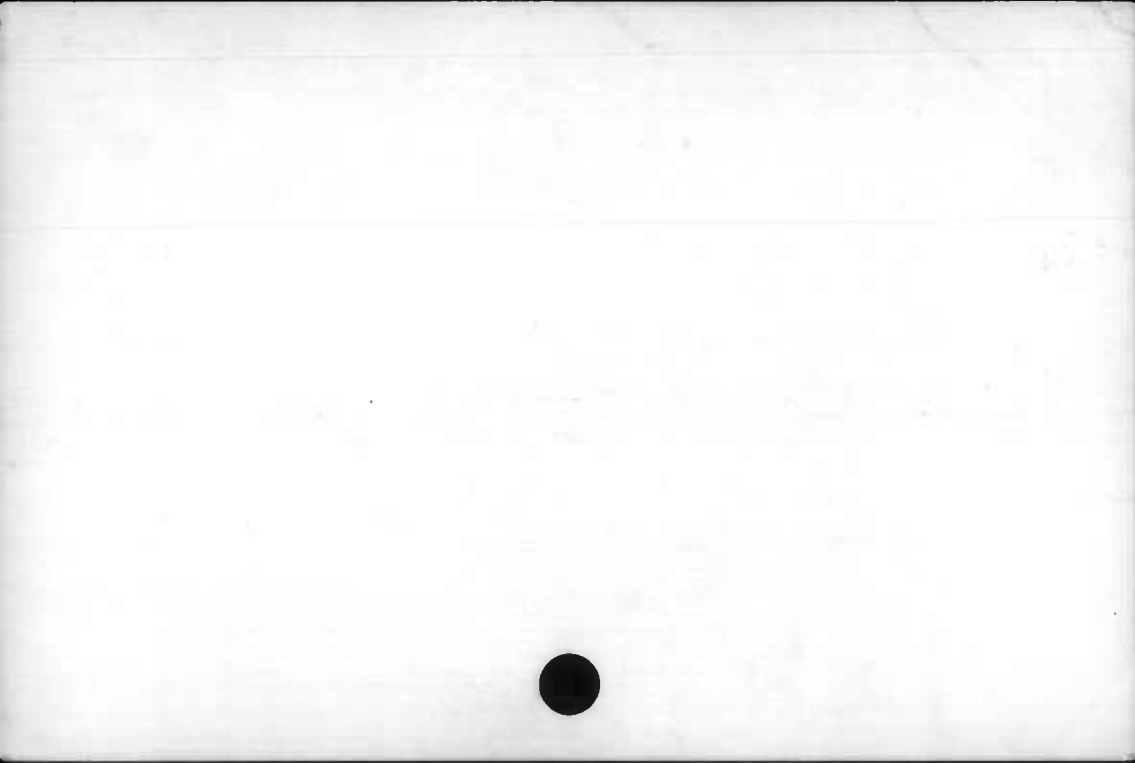
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sallie Porter</i>		Town <i>Greensboro</i>		County <i>Caroline</i>		MARYLAND					
Died at		Month <i>Apr</i>		Day <i>25</i>		Years <i>58</i>		Months <i>2</i>		Days <i>25</i>	
Date of death <i>1960</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Del</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Greensboro</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Joshua Porter</i>									
Father's Name <i>George Buckmaster</i>		Father's Birthplace <i>Del</i>									
Mother's Maiden Name <i>Elizabeth McDaniel</i>		Mother's Birthplace <i>Del</i>									
Name of person giving Information		How related to deceased									

CAUSES OF DEATH

Primary	<i>Cancer</i>	How long	<i>45</i>	<i>One year</i>
Immediate	<i>"</i>	How long		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Scarborough</i>		
		Address <i>Greensboro, Md.</i>		
Accident or Suicide				

PHYSICIAN
OR CORNER



Name
in
Full

Annabel Pounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Queen Hillsboro</i> ^{Town}		<i>Coral</i> ^{County}		MARYLAND	
Date of death <i>1940</i>	Month <i>4</i>	Day <i>3</i>	Age <i>20</i>	Months <i>11</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Booker Wm. Pounds</i>	Father's Birthplace <i>Va.</i>				
Mother's Maiden Name <i>Bettie Watkins</i>	Mother's Birthplace <i>Va.</i>				
Name of person giving Information <i>Booker Wm. Pounds</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

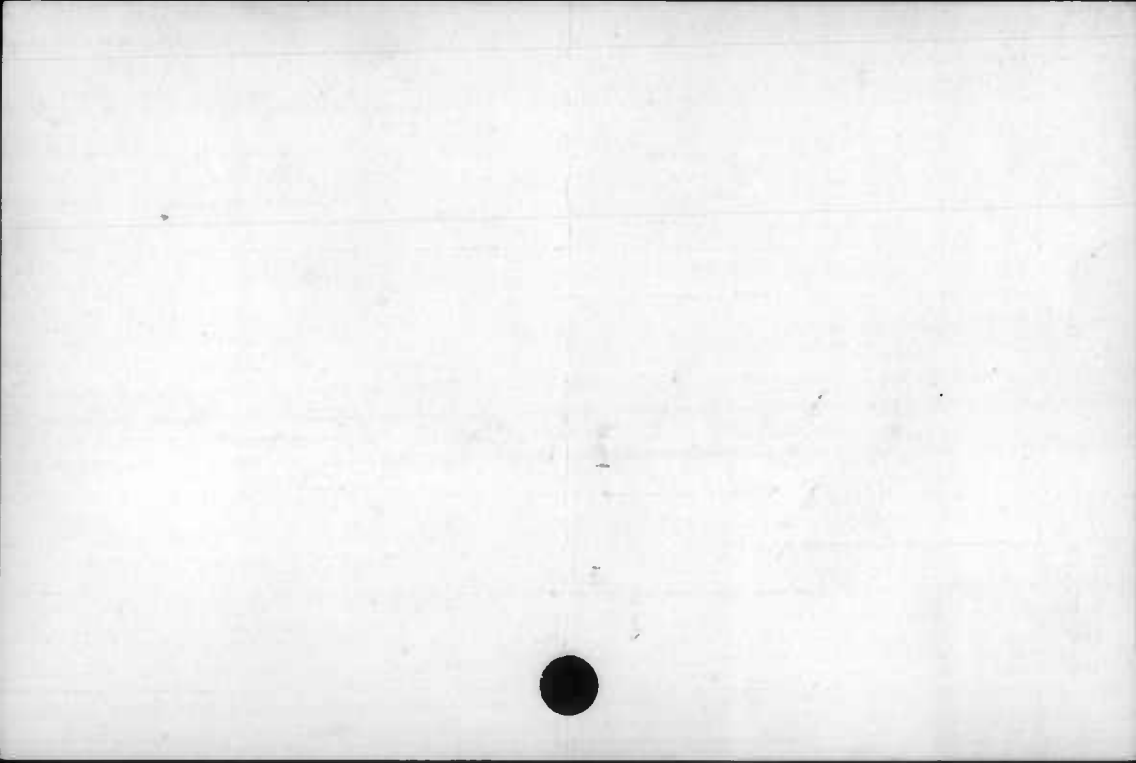
109

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>Five days</i>
Immediate <i>Faint</i>	How long <i>Died at in faint</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. Hackett, M.D.</i>
<i>J</i>	Address <i>Queen Anne Rd.</i>
Accident or Suicide <i>no</i>	

Hulstons

Name in Full		Martha Catharine Prattis,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>near Federalburg</i>		^{County} <i>Caroline.</i>		MARYLAND		
	Date of death <i>1900</i>	^{Month} <i>Apr.</i>	^{Day} <i>22</i>	^{Years} <i>1</i>	^{Months} <i>11</i>	^{Days} <i>15</i>	
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>New York City.</i>		
	Occupation _____			Where Residing if not at place of death _____			
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____				
	Father's Name <i>Tilghman D. Prattis,</i>				Father's Birthplace <i>Caroline Co. Md.</i>		
Mother's Maiden Name <i>Hillie V. Jenkins, (decd)</i>				Mother's Birthplace <i>Phila. Pa.</i>			
Name of person giving information <i>Julia Prattis,</i>				How related to deceased <i>Aunt.</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Tuberculous meningitis</i>			<i>20</i> ✓		How long <i>9 months</i>	
	Immediate _____			How long _____			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>R. R. Jefferson</i>			
	Accident or Suicide? <i>2</i>			Address <i>Federalburg Md.</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Annie M. Ringgold</i>		Town <i>Hillsboro</i>		County <i>Caroline</i>		MARYLAND	
Died at		Month <i>Apr.</i>		Day <i>15</i>		Years <i>70</i>	
Date of death <i>1900</i>		Month <i>Apr.</i>		Day <i>15</i>		Years <i>70</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>E. P. Ringgold</i>					
Father's Name <i>Byard Capell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Elizabeth White</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>E. P. Ringgold</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio-sclerosis</i>		How long <i>Don't know</i>	
Immediate <i>Cerebral hemorrhage</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. B. Rowe</i>	
		Address <i>Hillsboro Md.</i>	
Accident or Suicide <i>No</i>			

This was
misplaced

Name
is
Full

CERTIFICATE OF DEATH

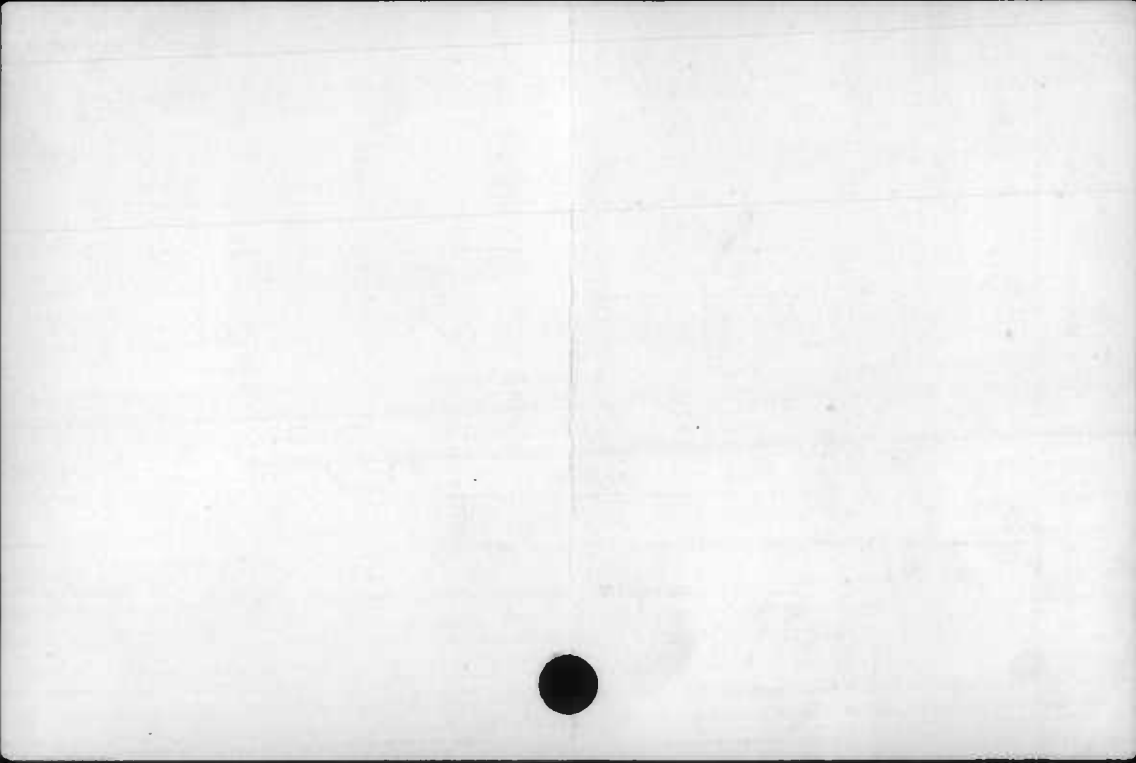
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Federalsburg -</i>		Town <i>Caroline</i>		County		MARYLAND	
Date of death <i>1900</i>	Month <i>Apr.</i>	Day <i>22nd</i>	Age <i>1</i>	Years	Months	Days <i>18</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Federalsburg</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Baby</i>		Name of Wife or Husband					
Father's Name <i>Sherman S. Ruffner</i>			Father's Birthplace <i>Indiana Co. Pa.</i>				
Mother's Maiden Name <i>Maggie B. Eskin</i>			Mother's Birthplace <i>Jefferson Co. Pa.</i>				
Name of person giving information <i>Sherman S. Ruffner</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long <i>1 day</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>R. R. Jefferson</i>
		Address <i>Federalsburg Md</i>
Accident or Suicide?		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1900		April	15	Age		6	
Sex	female	Color or Race	white	Birth-place	md		
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	single			Name of Wife or Husband			
Father's Name	Will Satterfield			Father's Birthplace	md		
Mother's Maiden Name	Grace White			Mother's Birthplace	md		
Name of person giving Information	Will Satterfield			How related to deceased	father		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	Congenital Heart trouble		How long	6 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			R Kemp Jefferson	
			Address	
			Federalburg md	
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Ridgely

Town

Caroline

County

Date

of death

1980

Month

April

Day

1st

Age

Years

82

Months

Days

Sex

Female

Color or
Race

white

Birth-
place

Md.

Occupation

Housewife

Where Residing if not
at place of death

~~Married, Single~~
or Widowed

Name of Wife or
Husband

Edward Paulsberry

Father's
Name

Geo. Carmine

Father's
Birthplace

Md.

Mother's
Maiden Name

Sarah Wilson

Mother's
Birthplace

Md.

Name of person giving
Information

B. L. Cooper

How related
to deceased

Grandson

CAUSES OF DEATH

78

PHYSICIAN
OR CORONER

Primary

Endocarditis

How long

2 months

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

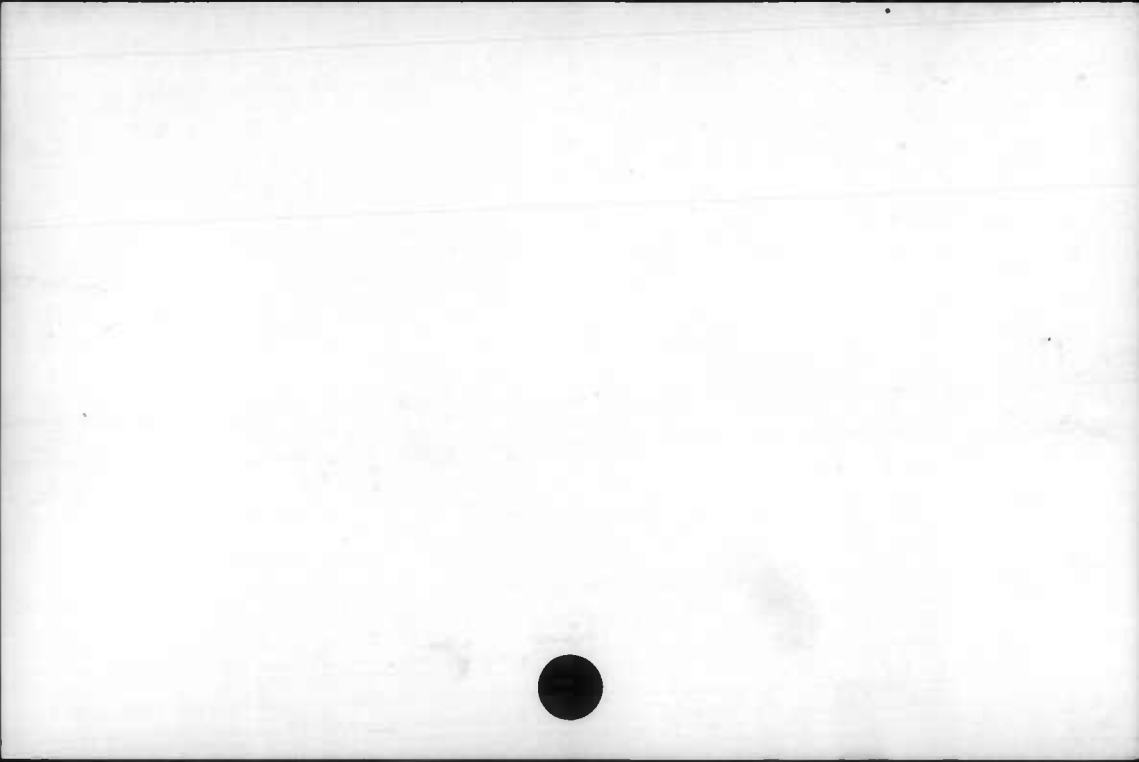
yes

Signature of
Physician

Address

J. C. Madara
Ridgely Md.

Accident or Suicide



Name

in
Full

Mary E; Thawley

CERTIFICATE OF DEATH

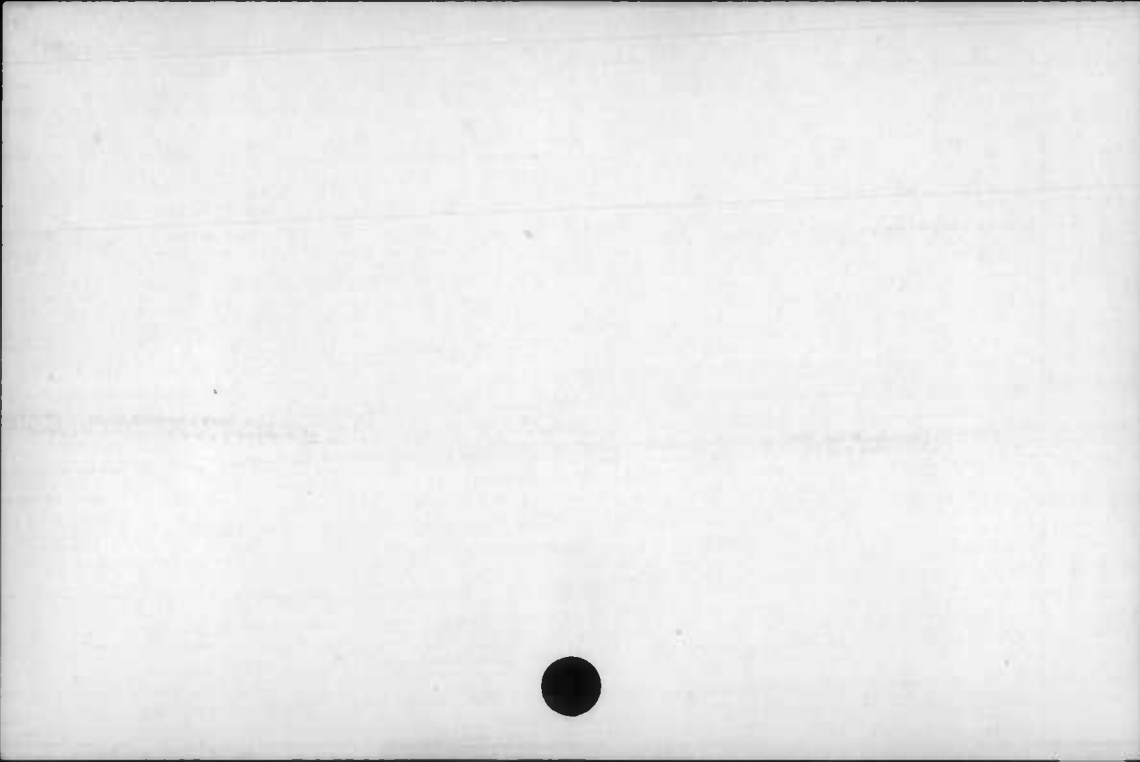
TO BE ANSWERED BY
NEAREST FRIEND

Died at Burrsville <small>Town</small>		Caroline <small>County</small>		MARYLAND	
Date of death 1903	10 <small>Month</small>	9 <small>Day</small>	64 <small>Years</small>	4 <small>Months</small>	5 <small>Days</small>
Sex Female	Color or Race White	Birth-place Burrsville			
<input checked="" type="checkbox"/> Married, Single <input type="checkbox"/> Widowed		Occupation Housewife.			
Name of Wife or Husband J. Wesley Thawley					
Father's Name Francis A. Porter			Father's Birthplace Maryland		
Mother's Maiden Name Margret E. Terrell			Mother's Birthplace Maryland		
Name of person giving information Eva Thawley			How related to deceased Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Em. debility	154	How long Two years
Immediate Influenza		How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. Sanborn	
	Address Dutton M.	
Accident or Suicide?		



Name
in
Full

Lona Frances Waldis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

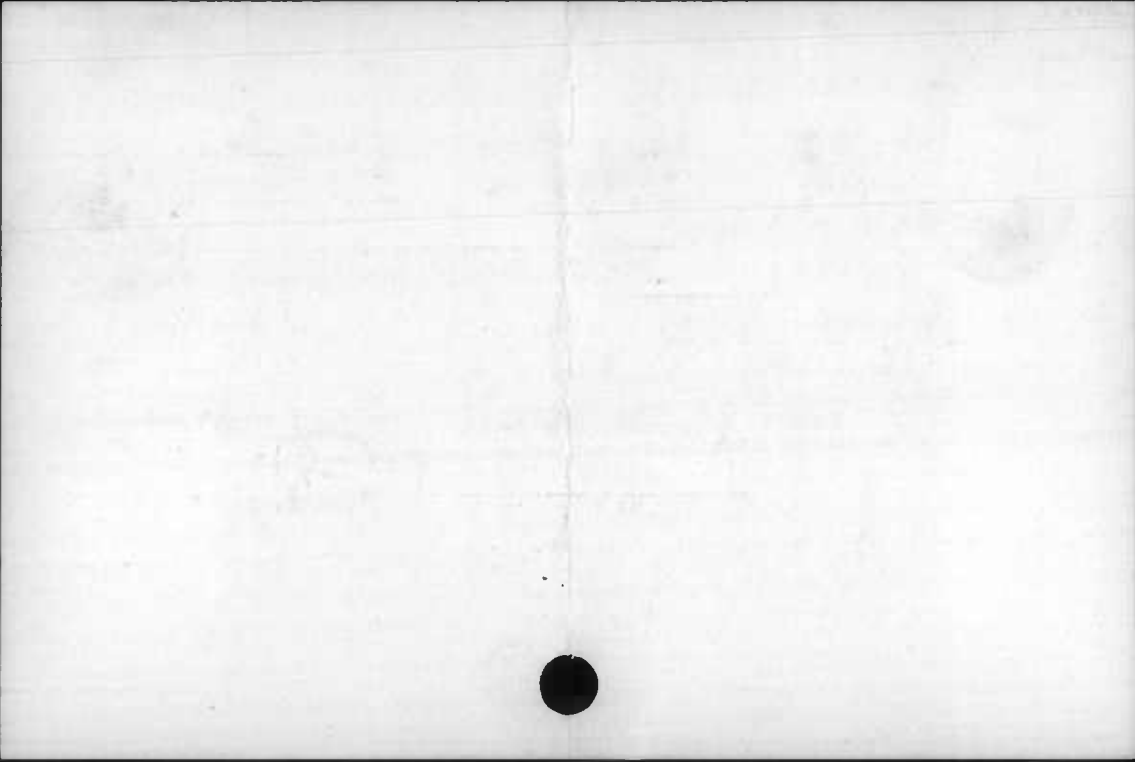
Died at ^{Town} Near Chestnut Grove		^{County} Caroline		MARYLAND	
Date of death 1940	Month Apr.	Day 5	Age 25	Months 4	Days 13
Sex Female	Color or Race White		Birth-place Caroline Co. Md.		
Occupation House - Work.	Where Residing if not at place of death _____				
Married, Single or Widowed Married	Name of Wife or Husband Joseph Waldis.				
Father's Name George W. Kelley.	Father's Birthplace Caroline Co. Md.				
Mother's Maiden Name Laura Carter.	Mother's Birthplace " " "				
Name of person giving information Joseph Waldis.	How related to deceased Husband.				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Phthisis	How long 2 years
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician R. B. Jefferson
		Address
Accident or Suicide?		Federalsburg Md



Name
in
Full

Arrenna Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

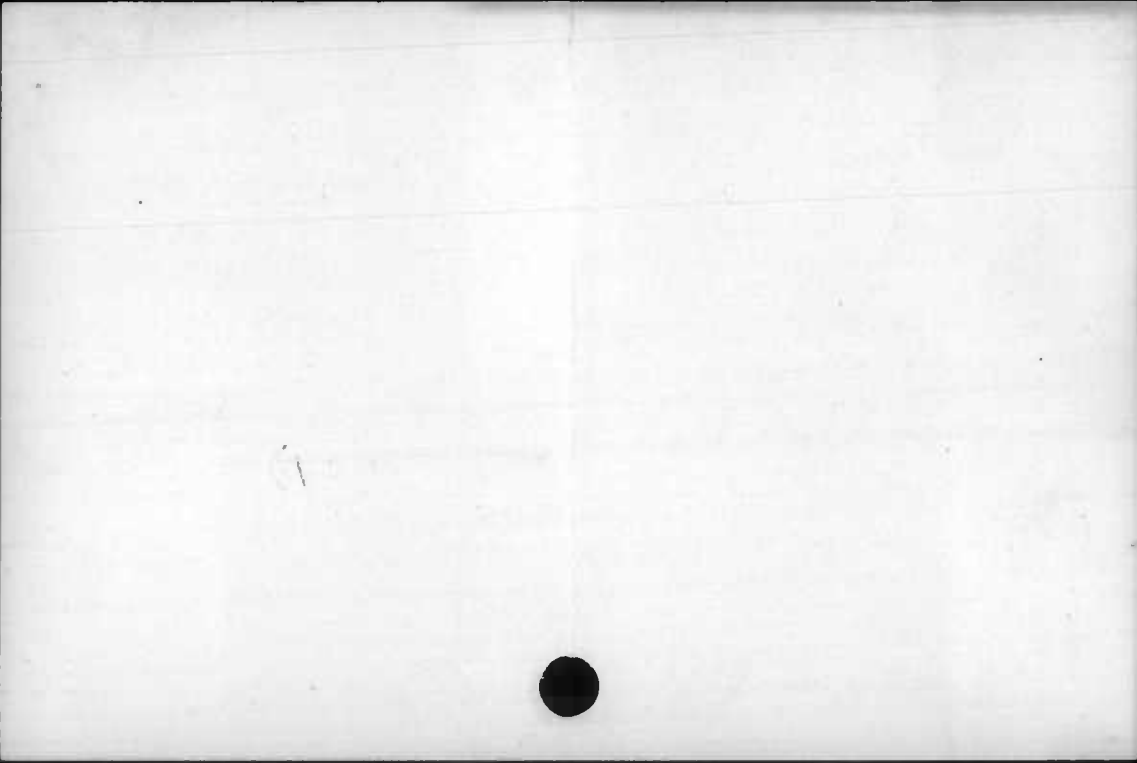
Died at ^{Town} Federalburg.		^{County} Caroline		MARYLAND	
Date of death 1900	^{Month} Apr.	^{Day} 12	^{Years} Age 30	^{Months}	^{Days}
Sex Female	Color or Race Black.		Birth-place Caroline Co. Md.		
Occupation House-work		Where Residing if not at place of death			
Married, Single or Widowed Married.	Name of Wife or Husband William Wesley Washington.				
Father's Name Charles Dickerson.	Father's Birthplace Caroline Co. Md.				
Mother's Maiden Name Ann Maria Thompson.	Mother's Birthplace " " "				
Name of person giving information John H. Dickerson.	How related to deceased Brother.				

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary Phthisis	How long 9 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician R K Jefferson
	Address Federalburg Md
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John W. Woolley hand.* Town *Budgetown* County *Caroline*
Died at *Budgetown*
Date of death 190 *Apr.* *24* Age *85*
Month *Apr.* Day *24* Years *85* Months *✓* Days *✓*
Sex *Male* Color or Race *White* Birth place *Queen Anne Co.*
Occupation *Farmer* Where Residing if not at place of death *—*
Married, Single or Widowed *Widowed* Name of Wife or Husband *Aunie Woolley hand*
Father's Name *Hanson Woolley hand* Father's Birthplace *Queen Anne Co.*
Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
Name of person giving Information *Jas. Woolley hand.* How related to deceased *So.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Arteriosclerosis* How long *Several years*
Immediate *Exhaustion* How long *10 days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *J. S. Goldstone*
Address *Goldstone Md*
Accident or Suicide *✓*

